## Notification of Demolition and Renovation

Number	Postmark	Date	Received	Notification #			
I. TYPE OF NOTIFIC	CATION: Or	iginal	Rev	ised [	Cancelled		
II. FACILITY INFORMATION: (Identify Owner, Removal Contractor and Other Operator)							
OWNER NAME: National Grid Corp.							
Address: 175 E. Old Country Road							
City: Hicksville		State: NY		Zip 11801			
Contact: Christopher C	Phone: 516-545-2556						
REMOVAL CONTRACTOR: KeySpan Corporate Services LLC AKA National Grid Corp.							
Address: 175 E. Old Country Road							
City: Hicksville		State: NY	Y	Zip: 11801			
Contact: Christopher C		Phone	Phone: 516-545-2556				
OTHER OPERATOR:							
Address:							
City:		State:	State: Zip:				
Contact:		Phone:					
III. Type of Operation: Demolition- Ordered Demo- Renovation- Emergency Reno-							
IV. Is Asbestos Present: Yes- No-							
V. Facility Description (Include building name, number and floor or room number)							
Building Name: EF Barrett Power Plant							
Address: McCarthy Ro	oad						
City: Island Park		State: NY		Zip: 11558			
Site Location: Power Plant							
Building Size: 63,000 sq. ft. # Floors			oors: 172.7' Age in Years: 57				
Present Use: Power plant		Prior Use	Prior Use: Power plant				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO							
DETECT THE PRESENCE OF ASBESTOS MATERIAL							
Polarized Light Microscopy, Manufacturer's Statement or Product Description or Assumption Based on							
Age, Texture, Color or Appearance.							
VII.							
APPROXIMATE		Nonfriable Asbestos					
AMOUNT OF		Material Not to be					
ASBESTOS,	RACM To be	Removed		Ind	icate Unit of Measure		
INCLUDING:	Removed	Cat I	Cat II		Below		
Pipes				Linea	r Feet		
Surface Area			2,816 sq. ft.	Squar	re Feet		
Vol RACM off				Cubic	Feet		
Facility Component							
VIII. SCHEDULED DATES ASBESTOS		Start: 9/19/2016		Stop:	9/18/2017		
REMOVAL							
VIII. SCHEDULED DATES		Start:		Stop:			
DEMO/RENOVATIO							

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND							
METHODS TO BE USED: Removal of ACM from large diameter pipe lines and valves							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED							
TO PREVENT EMISSIONS OF ASBESTOS A machines	T THE WORKSITE: HEP	A-filtered negative air					
XII: WASTE TRANSPORTER #1:							
Name: Express Waste Services Address: 614 Frelinghyusen Avenue							
City: Newark	G. All						
Contact: Vito Pesche	State: NJ	Zip: 07114					
Contact: Vito Pesche Phone: 973-344-6447  WASTE TRANSPORTER #2:							
Name:							
Address:							
City:	C.						
Contact:	State:	Zip:					
THE RESERVE THE PARTY OF THE PA	Phone:						
XIII. WASTE DISPOSAL SITE							
Name: Tullytown Resource Recovery Address: 200 Bordentown Road							
City: Tullytown	G. A. D.A.						
Contact:	State: PA	Zip: 19007					
	Phone: 215-943-9732						
XIV. IF DEMOLITION ORDERED BY A GOV Name:	ERNMENT AGENCY ID	ENTIFY BELOW					
Agency:	Title:						
Date of Order:	D. O. I. I. D.						
Bute Ordered to Degin.							
XV. FOR EMERGENCY RENOVATION							
Date and Time of Emergency:							
Description Of The Sudden Unexpected Event:							
Explanation Of How The Event Caused Unsafe Conditions Or Would Cause Equipment Damage Or							
Unreasonable Financial Burden:	morning of Would Sudde Eq	dipinent Bamage Of					
Durdon,							
XVI. DESCRIPTION OF PROCEDURE TO BE USED SHOULD UNEXPECTED ASBESTOS							
BE FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOME							
CRUMBLED, PULVERIZED OR REDUCED TO POWDER:							
All removal performed using wet methods and engineering controls as specified by OSHA 1926.1101							
and/or N.Y. State Industrial Code Rule 56 or NY City regulations. Any additional materials shall be							
removed in accordance with these or other applicable standards.							
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION							
(40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR							
RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED							
BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS							
HOURS.	RS. / New 70 8/30/16						
Signature of Contractor Date							
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:							
	The Jot	8/30/16					
	Signature of Contractor	Date '					